

OUT of NETWORK POLICY

Network PFFS

As a member of our plan, you can choose to receive care from out-of-network providers. Our plan will cover services from either in-network or out-of-network providers, as long as the services are covered benefits and medically necessary. However, if you use an out-of-network provider, your share of the costs for your covered services may be higher. If you require additional information, refer to your Evidence of Coverage. Non-network providers must agree to accept our terms and conditions of payment if they choose to provide services to you except in an urgent or emergent situation. You can find our terms and conditions of payment at <insert direct link>.